

2001 COMBINED FEDERAL CAMPAIGN OF THE NATIONAL CAPITAL AREA
95 M STREET, S.W., WASHINGTON, D.C. 20024

OPM
CFC Control No. 0990

ATTENTION PAYROLL OFFICES: This number identifies the local CFC. DO NOT enter into Federal payroll systems.

**MOST COMMON
PAYROLL PLEDGE
AMOUNTS**

MILITARY

\$60 x 12 mo = \$720
 \$30 x 12 mo = \$360
 \$24 x 12 mo = \$288
 \$12 x 12 mo = \$144


CIVILIANS

\$30 x 26 Per = \$780
 \$15 x 26 Per = \$390
 \$12 x 26 Per = \$312
 \$ 6 x 26 Per = \$156

PRINT NAME (LAST)	FIRST	MIDDLE INITIAL	<input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY	FEDERAL ORGANIZATION	CFC REPORTING NUMBER
WORK ADDRESS & ZIP CODE		SOCIAL SECURITY NUMBER		WORK PHONE (IMPORTANT)	PAYROLL OFFICE LOCATION

CONTRIBUTION: Fill in the blank showing the amount of your payroll allotment, cash or check contribution. Write in the total of your annual contribution in the space provided.

	AMOUNT PER PAY	INTERVAL	TOTAL GIFT	FOUR DIGIT AGENCY CODE	ANNUAL AMOUNT
MILITARY PAYROLL DEDUCTION	\$	x 12 months	\$		
CIVILIAN PAYROLL DEDUCTION	\$	x 26 pay periods	\$		
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK PAYABLE TO CFC			\$		


 For
EAGLE AWARD
 (1%)
 initial here:


 For **DOUBLE**
EAGLE AWARD
 (2%)
 initial here:

CFC Organizations do not provide goods or services in whole or partial consideration for any contributions made to the organizations via this pledge card.

- ☐ I DO want my name and address released to the charitable organization(s) I have designated
 MY HOME ADDRESS IS: (My name will not be released unless this box is filled out completely.)

(HOME ADDRESS) STREET

CITY STATE ZIP CODE

- ☐ I DO want my home e-mail address released to the charitable organization(s) I have designated

MY HOME E-MAIL ADDRESS IS:

- ☐ I DO NOT want my name and address released to the charitable organization(s) I have designated above.

www.cfcnc.org

DESIGNATED GIFTS: To direct your gift to one or more charities or federated groups that appear in the 2001 Catalog of Giving for the CFC of The National Capital Area, fill in the 4-digit designation code. (Absolutely No Write Ins. Allowed)

PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize any agency of the United States Government by which I may be employed during 2002 to deduct the amount(s) shown above from my pay each pay period during the calendar year 2002 starting with the first pay period that begins in January and ending with the last pay period that begins in December, and to pay the amounts so deducted to the Combined Federal Campaign shown above. I understand that this authorization may be revoked by me in writing at any time before it expires.

SIGNATURE

DATE

THIS COPY WILL BE FORWARDED TO THE CFC AUDIT DEPARTMENT